



PODIATRIC RESIDENCY FORM

PLEASE PRINT

This section applies only to applicants who graduate from podiatric college after July 1, 1995. Was your program accredited by the Council on Education of the American Podiatric Medical Association?

_____ Yes _____ No

Part I. TO BE COMPLETED BY APPLICANT

Applicant's Name _____
Last First Middle Maiden

Part II. TO BE COMPLETED BY SUPERVISING PODIATRIST

NO PORTION OF THE REMAINDER OF THIS FORM MAY BE FILLED IN BY THE APPLICANT.

Please return the completed form directly to:

South Dakota Board of Podiatry Examiners
135 East Illinois, Suite 214
Spearfish, SD 57783

(Please Print or Type)

The application for licensure cannot be processed until this completed form is received by the Board of Examiners.

1. Name, address and phone number of agency where podiatry experience was obtained:

2. Name, address and phone number of podiatrist responsible for supervising the applicant's podiatry experience:

State/Province where supervisor is licensed: _____

License # _____ Date Issued: _____

3. Inclusive dates of applicant's podiatry experience: Starting Date: _____ Completion Date: _____

4. Applicant's title during podiatry experience: _____

5. Applicant's position during podiatry experience: _____

6. Applicant worked full time: _____ or part-time: _____
(hours/week) (hours/week)

(Over)

Part II. (continued)

7. Please describe the nature of the applicant's podiatry experience: _____

8. Based on your overall experience with this applicant, do you personally attest to the competence, professional judgement and ethical conduct prerequisite to the independent, unsupervised practice of podiatry?

Yes _____ No _____

If NO, please explain: _____

9. What is the applicant not qualified to do in the practice of podiatry? _____

10. Would you hire this applicant as a professional podiatrist? Yes _____ No _____

If NO, please explain: _____

11. do you have any reservations that would assist the South Dakota Board of Podiatry Examiners in evaluating this applicant's qualifications to engage in the independent practice of podiatry? Yes _____ No _____

If YES, please explain: _____

I DO/DO NOT recommend this applicant for licensure in podiatry.

Signature of Supervising Podiatrist

Date